

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90019 014 *****50.00

DOCUMENT # L00000003780

1. Entity Name

MARY & FRANK INVESTMENTS, L.L.C.

Principal Place of Business

2928 WELLINGTON CIRCLE ~~SUITE~~ SUITE 201
TALLAHASSEE FL ~~32309~~

Mailing Address

2928 WELLINGTON CIRCLE ~~SUITE~~ SUITE 201
TALLAHASSEE FL ~~32309~~

2. Principal Place of Business

2928 Wellington Circle

3. Mailing Address

2928 Wellington Circle

City & State

City & State

Zip

32309

Country

Zip

32309

Country

4. FEI Number

59-3645632 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VISCONTI, FRANK L
2928 WELLINGTON CIRCLE ~~SUITE~~ SUITE 201
TALLAHASSEE FL ~~32309~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2928 Wellington Circle, Suite 201

City

FL

Zip Code

32309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME MGR
STREET ADDRESS VISCONTI, FRANK L
CITY-ST-ZIP 2928 WELLINGTON CIR. #201
TALLAHASSEE FL ~~32309~~

TITLE ☐ Delete
NAME MGR
STREET ADDRESS VISCONTI, MARY C
CITY-ST-ZIP 2928 WELLINGTON CIR. #201
TALLAHASSEE FL ~~32309~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Tallahassee FL 32309

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Tallahassee FL 32309

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

1-16-2002 850-668-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)